

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
*19/580573*  
APPLICANT(S)

FILING DATE

*1082*

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*	IND.	DEP.	*	IND.	DEP.	*
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

282

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO. <u>091580573</u>	FILING DATE
						CLAIMS	
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*
	IND.	DEP.	IND.	DEP.	IND.	IND.	DEP.
10	1					51	
10	2					52	
10	3					53	
10	4					54	
10	5					55	
10	6					56	
10	7					57	
10	8					58	
10	9					59	
10	10	1				60	
10	11	1				61	
10	12	3				62	
10	13	3				63	
10	14	1				64	
10	15	1				65	
10	16	1				66	
10	17	3				67	
10	18	3				68	
10	19	1				69	
10	20	1				70	
10	21	1				71	
10	22	1				72	
10	23	1				73	
10	24	1				74	
10	25					75	
10	26					76	
10	27					77	
10	28					78	
10	29					79	
10	30					80	
10	31					81	
10	32					82	
10	33					83	
10	34					84	
10	35					85	
10	36					86	
10	37					87	
10	38					88	
10	39					89	
10	40					90	
10	41					91	
10	42					92	
10	43					93	
10	44					94	
10	45					95	
10	46					96	
10	47					97	
10	48					98	
10	49					99	
10	50					100	
TOTAL IND.	4					TOTAL IND.	
TOTAL DEP.	20	↔	↔	↔		TOTAL DEP.	↔
TOTAL CLAIMS	24					TOTAL CLAIMS	